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## ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write without breaks, *i. e.*, do not begin a new sentence on a new line. When you want to begin a new line or paragraph at a given word, place before it in your MS. the Sign ¶ Draw a line along the margin of such paragraphs as should be printed in smaller type, for instance, all that is clinical history in reports of cases, etc. Words to be printed in *italics* should be under-scored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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### THE IMMEDIATE REMOVAL OF THE PLACENTA IN ABORTION.

BY D. MACLEAN, M. D.

SHALL the placenta be immediately removed, if retained, after the expulsion of the foetus, or shall the case be left in the hands of nature to complete the delivery? This is a practical question, and one which frequently presents itself to the obstetrician. He knows from his own experience, or that of others, that the majority of cases do well when let alone. He also knows that severe hemorrhage follows in many cases, and septicæmia and peritonitis in others, resulting fatally in some. The question is, which is the safest method. Is there less danger of producing inflammation in the immediate removal than awaiting the slow process of nature, with the constant menace of hemorrhage and septicæmia? If he looks to the authorities for guidance in the matter, he will find that the preponderance of evidence is in favor of the do-nothing policy.

Meigs, in speaking of cases of abortion where the uterus is unable to expel the remains of the ovum, says: "I think there is no danger in leaving such occurrences in the hands of nature, and that it is better to do so than reiterate attempts to extract by force." At the same time he admits "that the presence of a putrefying substance, even of small



size in the womb, is capable of developing violent inflammation and fever;" but it has not happened in his cases, and he considers his advice of non-interference the most judicious.

A. H. A. King, in his "Manual of Obstetrics," referring to cases where the foetus has been expelled leaving the placenta and membranes in utero, advises the use of the tampon, ergot, cold a brisk purgative, a mild emetic, etc. True, he says, that "by passing a finger into the uterus, we may be able to hook down the placenta, or placental forceps may be employed, but they probably do as much harm as good." Everybody who has had any extended experience knows that the use of purgatives, emetics, and even ergot will fail in many cases. Yet this is all that this authority offers, for he discountenances the use of forcible means, while admitting that "it is never *safe*" to leave the placenta, from the danger of hemorrhage and septicæmia.

John King, in speaking of the membranes being retained after the delivery of the foetus, recommends black cohosh, blue cohosh, or ergot, or all combined, or should these fail and hemorrhage continue unabated, he directs the finger to be introduced "within the canal of the cervix, as far as possible, then bend it so as to resemble a blunt hook, and in doing this remove the membranes." He further recommends the use of a blunt hook, or placental forceps, but qualifies the conditions as to limit their use to but few cases. He says: "In the introduction of the finger, or any of these instruments, into the canal of the cervix, no force must be employed, too much care and gentleness cannot be observed; no attempts whatever should be made to effect dilatation, nor should these means be employed at all until the cervical canal has become cylindrical and sufficiently open for their free intromission." The forcible removal of the placenta could not be more strongly cautioned against than by this author. He would await dilatation, and use the tampon, and such agents as would produce uterine contractions.

Leishman says: "The most judicious method of treatment is, in all cases, to remove the retained structures at the time, if this can be easily effected; but if, on the other hand, there is a retained placenta and a rigid os, it is on the whole safer to wait for a time than at once to operate, provided the symptoms are not alarming."

What the author considers alarming symptoms are "pro-



fuse and repeated hemorrhage, fetid discharges, and febrile symptoms." Under such circumstances, he would proceed at once to forcible dilatation of the os, and removal of the placenta, otherwise he would await hours and even days for nature to accomplish the expulsion.

Lusk declares the principles of treatment in these cases to be simple. "The indications are to check the hemorrhage, and to empty the uterus." The most effectual way to arrest the hemorrhage, he says, "is to clean out the uterus." He then gives directions how this can be accomplished by the finger, but lays down the rule that if "the cervix is not sufficiently dilated to allow the finger to pass without force, the vaginal tampon should be employed." If the cervix should remain undilated after twenty-four hours of tamponing, he then resorts to sponge tents and forcible delivery.

We see from all these distinguished authorities that none of them advocate interference unless there is sufficient dilatation to introduce the finger or forceps without force. At the same time they all acknowledge that there is danger of septicæmia as long as the placenta is not removed. If septicæmia arises they all advocate immediate removal. The question arises, Would not the operation be more easily accomplished, and with less risk to the patient after the delivery of the foetus, than waiting until those symptoms manifested themselves? It would appear so. The testimony of all who practice immediate delivery is favorable. There is less danger of producing inflammation immediately after delivery than after septicæmia has set in. I have practiced both the old and the new method. While I have been successful in using the tampon and ergot, and awaiting dilatation, I have seen many near death's door and making a tedious recovery, I have not had one unsuccessful case in the past four years, since I have adopted the plan of immediate delivery. My method is to introduce the finger, if possible, if I cannot, to introduce a tent to produce sufficient dilatation, then separate the placenta by the finger, and cause its expulsion after the manner laid down by Lusk in his work on midwifery. In some cases where sufficient dilatation has not been obtained to use the finger, I introduce the forceps, passing them just beyond the internal os, then separating the handles gently to produce dilatation, grasp the placenta and remove it gradually. Mundé and others advise the use of



the curette to separate the placenta. I have had no occasion to use this instrument, but would have no hesitation in doing so if necessary. I believe that old saying that "meddlesome midwifery is bad" has no application here, and that it is safer at all times to proceed to immediate delivery than await nature when her efforts have been insufficient to accomplish her purposes.

After the uterus has been entirely emptied of its contents, it should be thoroughly washed with a two per cent solution of carbolic acid. Hot water vaginal injections of one per cent should then be continued, to prevent any tendency to inflammation, at least twice a day, until the lochial discharge ceases.

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### GLEANINGS.

BY H. T. WEBSTER, M. D.

A RUSSIAN physician has employed iodoform successfully in the removal of *ascaris lumbricoides*. He gives one grain of the iodoform with ten grains of the bi-carbonate of soda three times a day to an adult, to a child, one fourth as much.

Chrysophanic acid is highly recommended both internally and locally in psoriasis. From one-fourth to one-third grain of the acid, triturated with sugar of milk, is the maximum dose, which should be taken after meals. An ointment may be prepared by combining the drug with vaseline, twenty grains to the ounce.

A writer in the *Medical and Surgical Reporter* asserts that pop-corn will relieve the vomiting of pregnancy after many of the most approved methods of treatment fail. It should be popped in a wire popper, free from grease, a little salt sprinkled on, and eaten while fresh.

It is asserted that pepsin is a good preventive of seasickness. A few grains, followed by a glass of water acidulated with fine drops of hydrochloric acid, should be taken several times a day, especially before and after meals.

Dr. Couldrey claims great benefit in a number of cases of scarlatina occurring during a severe epidemic, from fifteen grain doses of salicylate of soda given every two hours, until it caused singing in the ears, and then every four hours during the first week. The fifteen grain doses were admin-



istered to adults, for children, the dose should be diminished.

Eucalyptus has been recommended as a valuable remedy in pertussis. Should drosera fail, it might be tried with some expectation of good results. Dose, five to eight drops of the tincture in simple elixir.

Lime juice has the reputation of acting as an anaphrodisiac. It is asserted that sailors are so assured of this that they refuse to take it when homeward bound. Dr. Berdoe, in the *Lancet*, thinks it is probably due to the action of the salts of potash, which "cause the elimination of the products of the increased metamorphosis of tissue."

Iodoform is among the late remedies recommended for toothache. Schaff commends the following paste:—

Iodoform powder, gr. 60.

Kaolin, gr. 60.

Carbolic acid, gr. 8.

Glycerine, q. s.

Oil of peppermint, gtt. x.

Triturate the other ingredients with enough glycerine to form a thick paste.

Ten parts of oleate of mercury, dissolved in ninety parts of heavy petroleum oil, constitute a valuable application for the eradication of ringworm. So says Dr. A. Smith in *British Medical Journal*.

Corrosive sublimate has recently been considerably lauded as an antiseptic in medical practice. Tarnier has been using it in the Paris Maternity in the 1-2000 solution, both as vaginal injections and washes for the genitals. A compress wet in this is applied three or four times a day. When symptoms of disease appear, frequent injections are made into the genitals. It is asserted that with this treatment, only one out of 350 patients died. How many would have died without it is not stated.

An enterprising German surgeon, Prof. Paul Bruns, recommends wood pulp in preference to absorbent cotton, turf sand, etc., as a surgical dressing. It is asserted that it possesses advantages over any other dressing used. As to the truth of this, let a discriminating profession decide.

As a local application in erysipelas, the following is highly recommended: Phenic acid, one part; alcohol, one part; essence of turpentine, two parts; tincture of iodine, one part; glycerine, five parts. Apply to all affected regions.



with a camel-hair pencil every two hours.

Jequirity (*Abies Precatorius*), a botanical product, native to India, South America, and other countries, is the name of a new local remedy recommended for affections of the eye, as pannus and trachoma. It has the indorsement of De Wecker, of Paris, and other eminent ophthalmologists. Like many other new agents, it is very liable to be over-lauded in the start.

Dr. Walker, in operating for the radical cure of hydrocele, injected by mistake two drachms of liquor ergotæ purificatus, instead of as was intended that amount of tincture of iodine, and did not discover his mistake until he returned home. He therefore bore the case in mind and expected a return of the effusion, as the patient was an old man and had previously undergone repeated operations. To his surprise, a permanent cure resulted. Acting upon this hint, he employed it in two other cases with perfect satisfaction. He now considers it the best remedy known for that condition.

Dr. J. D. Thomas treats synovitis successfully, so he asserts, by placing a large, flat sponge upon each side of the affected joint, so that the two envelop it completely. Over these, a roller bandage is nicely and snugly adjusted, after which, the sponges are saturated with hot water every two hours.

Dr. Green, of Illinois, has come to the conclusion, after careful observation, that the tincture of chloride of iron possesses marked prophylactic properties. In six families in which he treated typhoid fever or measles, every individual who took the remedy beforehand escaped entirely, or at least only suffered slightly, while those not so treated had the disease in severe form. The doctor has been observing this action of the drug since 1877.

Dr. Noble has been employing five drop doses of tincture thuya oc. three times a day, in connection with cold sponge baths, for spermatorrhœa.

A German physician prefers the subcutaneous injection of iron to its administration per month, as it obviates liability to gastric disturbances, which so frequently follow the ordinary method of administration. He employs the peptonized iron dissolved in water. The advantages of this innovation appear so doubtful that it will hardly become popular.



Naphthaline is now being recommended as a topical application to wounds in place of iodoform. It is said to be more irritating than iodoform, consequently preferable where a stimulating agent is required. It possesses the advantage of being much cheaper.

Permanganate of potassium, in addition to its recently acquired reputation as an emmenagogue, comes to the front as a reputed agent in diabetes mellitus. We shall not be surprised to see it go out of fashion for the latter-named affection, though something good may come of it.

Dr. Palmer, in the *Therapeutic Gazette*, refers to the value of eucalyptus as a local application in diphtheria. He considers it a highly valuable agent in the treatment of this severe affection. He applies it with a swab every two or three hours. The writer used this in a severe sporadic case without benefit a few years ago, at least the patient died; the dearth of reliable remedies in severe epidemics, however, will excuse another trial should circumstances demand it.

The same writer commends kava-kava in obstinate cases of nocturnal incontinence of urine. He reports six cases cured by it after several other remedies had failed in each case. My experience is that this condition is very obstinate, the most effectual treatment often proving of but temporary avail. *Rhus aromatica* has been my favorite remedy, but it is not infallible by any means. I shall try kava-kava when occasion requires a remedy of this kind.

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### RIGID OS UTERI.

BY W. F. CARSON, M. D., BERLIN CENTER, OHIO.

ONE of the most frequent causes of delay in the first stage of labor is that which is under consideration. It may be due to a variety of causes. Generally speaking, this is an occurrence which exists independent of any diseased condition of the parts, and is, in fact, a purely functional lesion—yielding, mostly, to the efforts of nature. Nevertheless, it is well to have in the mind a remedy or remedies which might be considered *par excellence* in the treatment of this difficulty. It is met with more particularly in principaræ, especially those females well advanced in years, although it may occur in other cases. A woman of a highly nervous and emotional temperament, which ren-



ders her peculiarly sensitive to her suffering, which interferes with the harmonious action of uterus, is very liable to have more or less rigidity of the cervix. But do not understand me to say that it is always a functional trouble, for it is sometimes structural. Under the latter head may be named: (1st), hypertrophy of the cervix, caused by some irritation which called forth a greater amount of blood and an increased cell action; (2d), cicatrices, as the result, generally, of laceration during previous labors, or the improper use of escharotics. Thomas' method of operating for obstructive dysmenorrhœa is as productive of cicatrices as anything can be, but as this operation is scarcely ever resorted to, its sequelæ will play but a very unimportant part in the consideration of the subject in hand; (3d), carcinoma of the cervix, producing extensive thickening and induration of its tissues; and, (4th), occlusion of the os, caused by an agglutination of the margin of the orifice, after conception, as the result of some inflammatory process of the cervix during the early months of pregnancy.

All of these are very rare, and undoubtedly many practitioners will never have an opportunity of seeing even one case.

But the early rupture of the membranes; the absence of the "bag of waters," "nature's wedge;" the cervix being unduly irritated and thrown into spasmodic contraction by the hard presenting part of the child being brought to bear forcibly upon its tissues; and the repeated and unnecessary examinations, especially in those females of that peculiarly nervous and irritable disposition,—these are the most frequent functional causes, and these are the ones, as successful practitioners, we must look after with the greatest of zeal, allowing not this zeal to be the blind conductor of our will. In some women there seems to be a regularity about this irregularity, the rigidity occurring without any assignable reason at every parturition.

Rigidity of the os uteri may be suspected in those cases where, the head presenting, the dilatation proceeding very slowly, if at all, and the pains normal, but gradually losing their force. But to determine positively an examination must be made, and if the cervix be found hard, firm, unyielding, hot, dry, and painful to the touch, or soft, oedematous, and undilatable, we may know positively that we



have such a case to contend with. The os uteri may be found high at the brim of the pelvis, or in its normal position; but, in rare cases, the head of the child has descended into the pelvic cavity, covered by a thin and expanded cervix, and the mouth of the womb, looking towards the cæcity or sacrum. Such a case may be the occasion of much error and disappointment, causing the accoucheur to believe that the child would soon be born. But upon a careful examination, instead of finding the denuded and hairy scalp, with sutures and fontanells, we will detect a smooth and polished surface, and probably hot, dry, and very sensitive to the touch, and by carrying the finger back towards the sacrum will find the os dilated not more than the size of a nickel. We may carry the differential diagnosis a little further by saying the finger coming in contact with the foetal head during a pain, the scalp will become corrugated, the sutures and fontanells much smaller, while if it be the expanded cervix it will be found the firmer and smoother at this time.

The treatment will naturally vary much with the cause and condition of the parts. In the majority of cases, and especially if the membranes have not ruptured, all that will be required will be time and patience, letting nature accomplish her ends; but it is often in the power of the obstetrician to aid the dilatation by appropriate methods, and prevent great suffering, exhaustion, probably rupture of the womb, and death. Physicians in all times and ages have undoubtedly attempted to accomplish these results. From the time of Sarah Stone, a midwife, who published certain cases in 1737, and advocated that the woman should drink her husband's urine, up to the present time, when we are taught the use of the compound tincture of lobelia and capicum, there has been but this object in view—to assist nature and relieve suffering. The science of medicine is not at its millenium. Rough edges, smiling all over, beckon the ambitious, thinking student forward to carve for himself a name—a reputation that will live more than a half-year after him.

True, disease has been engendered, life made miserable, and death produced time and time again by some of the "regular" unscientific methods of treating disease; but



through the influence and never-tiring energy of the more rational and liberal thinkers, these, too, are gradually losing their imponderable influence. We refer more particularly to venesection, as that was relied upon with implicit confidence by the major part of the profession in the treatment of the subject under consideration.

In cases of rigidity, during the early part of labor, it will be well to evacuate the rectum and bladder, and if, after waiting some little time, the rigidity still continues, it may be overcome by one of the following remedies: Belladonna, chloral hydrate, chloroform, opium, compound tincture of lobelia, and capsicum or gelseminum.

The extract of belladonna, applied to the mouth of the womb, was highly recommended in London by Dr. Conquest; in France by Drs. Velpeau and La Chapelle; but in America physicians do not seem to think much of it.

Playfair states that the agent *par excellence* which is most serviceable where the rigidity is associated with spasmodic contraction of the muscular fibers of the cervix is chloral hydrate; that one or two doses of fifteen grains each will soon accomplish the desired result. Chloral is highly recommended by a host of other obstetricians.

Leishman speaks of chloroform as always being preferable, safe, simple, and very reliable.

Ramsbotham says he can conceive of two cases where some preparation of opium, administered by mouth or enema, in large enough amounts to secure two or three hours sleep, would frequently be followed by rapid dilatation of the cervix. The first of these cases: In weak women, with irritability of the nervous system and deficient muscular force, with inefficient pains and long intervals; the second, in those cases where the membranes have ruptured early, where the uterus is acting strongly, and powerfully urging the head of the child against its undilated mouth, causing excessive agony, great irritability and nervousness.

Probably the best and safest remedy, and the one which is followed by the fewest bad results, is that which is sometimes called after its illustrious father, Prof. John King, "King's Antispasmodic Tincture," or the compound tincture of lobelia and capsicum, given in drachm doses and repeated every ten minutes until the desired relaxation is produced.



Gelseminum, by its antispasmodic action, has lately been used with great benefit. It possesses the advantage over the antispasmodic tincture in not producing nausea, and its disadvantage that its relaxation is so continued that excessive hemorrhage after the birth of the child is to be feared. It may be given in half-drachm doses in any case where there is not a feeble circulation and a tendency to congestion.

The rigidity depending upon a structural lesion may generally be overcome by the already-named treatment; but if it should not, and the obstetrician, fearing a rupture of the womb, or that the cervix might be torn away, may incise the cervix with a blunt-pointed bistoury, carefully introduced under cover of two fingers. The incision may be made crucial, about one-fourth inch deep, being very careful not to wound the bladder or rectum.

In cases where the rigidity occurs at every labor, it is well to try some of the uterine tonics during the latter months of pregnancy, such remedies as black or blue cohosh, pulsatilla, or the compound syrup of partridgeberry.

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### SPIRITS NITROUS ETHER.

BY JOHN FEARN, M. D., OAKLAND, CAL.

THERE has been some controversy of late in medical journals respecting the action of "spir. nit. ether." Some are reported as saying that the supposed *diuretic* and *diaphoretic* properties with which this article has long been credited are nothing but a delusion. While I am not taking up my pen in defense of the indiscriminate use of this article, yet clinical experience leads me to differ from those who make the above assertion. While there is little doubt to my mind as to the *diuretic* properties of the drug, yet I use it but little in that direction. I wish to briefly call attention to it as a *diaphoretic* and *sedative*.

I have no idea how I came to use this article in this way, but about ten years ago I began to prescribe it in connection with the *special sedatives*. Such was my experience at that time that in clinical practice I have used it ever since, not in large, but in small, frequent doses, and to-day I would not like to practice without it. True, it will not fit every case, and perhaps I shall be considered wild if I



say that I know of no one remedy that is suitable in as great a number of cases of disease with exalted temperature as this article. I have used it in rubeola, in scarlatina simplex, s. anginosa and s. maligna; in diphtheria, in pneumonia, and in typhoid fever, etc., and in all these different diseases my patients have been benefited by its action.

But how have I used it? Let me illustrate: Suppose we have a case of pneumonia in a child, and aconite and ipecac are the indicated remedies, prescribe,  $\mathcal{R}$  spec. aconite, gtts. v; spec. ipecac, gtts  $\times$ ; spir. nitrous ether,  $\mathfrak{Z}$ j; aqua,  $\mathfrak{z}$  iij; M Sig  $\mathfrak{Z}$ j every hour; and many a time under such medication I have seen the skin become moist, the temperature reduced, and respiration full and easy.

But I hear some one interposing a demurrer, and saying: "Why the *aconite* alone would do that." So it would; but I know, by experience, combined as above it will do it much quicker and much more certainly.

You may combine it thus with *gelseminum* or with *veratrum*, or with any other remedy you are using to produce *diaphoresis*.

But, says another, "The dose is so small it is inappreciable." That is not my experience. Used in these small doses it relieves the engorged and congested condition of the kidneys. How? by forcing more work upon them? No! Under these circumstances, especially if helped by the sponge bath, its tendency is to the surface; by promoting capillary circulation on the surface of the body it promotes perspiration; it removes that *hidebound* condition which causes congestion of the kidneys and increased temperature. But there is another consideration; the addition adds to the pleasantness of the remedy, and this is no small matter. Let those who say the dose is inappreciable taste the mixture above referred to with and without the "spir. nit. ether," and the addition will be found to add materially to the pleasantness of the remedy.

I can fully confirm the remarks made in the *U. S. Dispensary*, where, speaking of this remedy, it says: "It often proves a grateful stimulus to the stomach, relieving nausea and removing flatulence, and not unfrequently quiets restlessness and promotes sleep. Do not think I am an advocate of *polypharmacy*. I believe in *direct medication*."



Those who believe in the law of *similia* might study this remedy in the light of the teachings of Mr. D. R. Brown, of Edinburgh, who says in the *U. S. Dispensary*: "The inhalation of this drug (of course in poisonous doses), gives rise to a leaden purple color of the lips, mouth, hands, etc., and extreme muscular debility, lasting for hours." The color of mucous membranes comes very near "Professor Scudder's" *specific indications* for *nitric acid*. Professor Scudder calls for a violet haze as the color of the mucous membrane. The next time you get Scudder's Specific Indications for Nitric Acid, if you have not got that article straight, try it in this combination, say:—

R Spir. nit. ether, 3j to 3ij.

Aqua Pura, 3iv.

M Sig 3 every hour, or as indicated,  
and we think you will be pleased with the result.

Spir. nit. ether is a very unstable article if kept long; the bottle should be well corked. It is an article often adulterated, and it is more than likely that parties who get no good results from the use of this article have been using very poor material.

### GRANULATION.

BY J. M. YOUNG, STUDENT OF MEDICINE CALIFORNIA MEDICAL COLLEGE.

ERICSON very pertinently calls granulations "organs of repair," and defines it as "exudative matter which has become vascularized." Be it what it may, the surgeon of to-day finds in this subject a wide and very interesting field of study, presenting under certain conditions various, and sometimes almost abnormal, peculiarities.

It is an evidence of repair, but also an evidence of decay. We receive with favor the small, bright-red, highly vascular granulation, peeping through its fostering bath of laudable pus, but regard with dismay the dull, whitish-gray, large, flabby œdematous granule, indicating the arrest of the formation of healthy pus, and the danger of immediate ulceration or sloughing.

Authorities upon this subject are unanimous in declaring that exposure to air and the secretion of pus are both neces-



sary adjuncts of granulation. While this is the rule, there are many exceptions to it, Hunter and Paget both calling attention to the formation of granulation upon the ends of fractured bones.

In the course of our own observations we have seen healthy granulation occurring upon the exposed surface of a denuded bone, without the presence of any pus, the patient suffering from a contused scalp wound, which exposed a portion of the right parietal bone, about as large as a trade dollar; the injury was such as to *remove the periosteum without injuring the bone* in the slightest degree. Under careful antiseptic treatment, granulation commenced on the sides and in the *center* of the wound and continued to perfect repair.

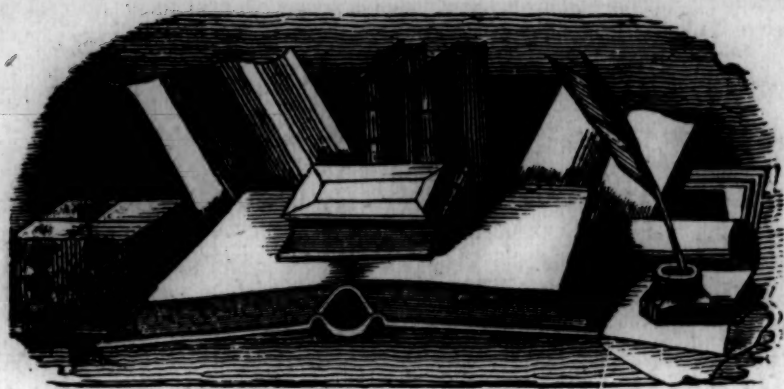
Examination of this case brought us face to face with another peculiarity of granulation, viz., sensitiveness. Pressure upon the denuded bone was productive of no unpleasant sensations to this patient, but the merest touch upon the adjacent granulation caused extreme pain. It is conceded by pathologists that there are no nerves in granulations, and their sensibility is supposed to depend upon the contiguity of inflamed tissue. This explanation would hardly suffice in this case, as pressure upon the *central isolated island* of granulations was followed by intense pain, while pressure upon the *surrounding denuded bone* caused no pain whatever.

The skill of the surgeon was exercised to cause the wound to heal from within out, as the superficial closing of such a wound would be likely to be followed by the necrosis of the denuded bone.

In whatever way we regard the checking of the tendency to extension, erosion and concavity, and the commencement of contraction, deposition and convexity which marks the advent of granulation, we will discover inexhaustible food for thought and speculation.

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## EDITORIAL.

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**The Cure of Disease by Drugs and Otherwise.**—The doctor who depends on drugs alone to cure chronic disease will in a great measure fail. We are too apt to forget the many agencies which may be brought to bear for the relief of those who have long-standing affections. We should not forget that deviations from health have been brought about by violations of the laws which govern our being. Of course, heredity has much to do with our predisposition to certain ailments, but it is our part as discerning physicians, to observe these weaknesses and advise a course of life that may shield them.

Functional affections of the digestive organs almost always have their origin in the abuse of the stomach. Certain ones are constituted with a weakness of this part of the organism, but by living a very correct life in the manner of taking aliment may keep it in a moderate state of naturalness all their lives. Those who inherit weak pulmonary organs can, by care and cultivation, develop them sufficiently that they may remain through life free from phthisical disease. And this may be said of any part of the body.

Now, when a patient is presented to us, we should take these things into consideration in making our diagnosis and



arranging our treatment. If there is evidence about them that any part of the organism has been imperfectly developed, we should endeavor to favor and strengthen it. If a weak state of the digestive organs seems to have been the cause of the disordered condition of the system, the main feature of the treatment should be to arrange the dietary and insist upon a rigid compliance with your orders. Probably nux, or comp. podophyllin pill will have little to do with the cure of this case, although it is best that some drug be prescribed to satisfy the mind of the patient. It is possible that the doctor gets so dignified as to ignore psychological influences on his patients, and if so will, likely, signally fail in many cases which he otherwise might cure.

Conditions of the skin are likely to be overlooked in observations upon chronic diseased conditions. Even where there is a certainty of the location of the primary disease the function of so important an emunctory as the skin is not to be ignored in our attempts to restore health. The bowels and kidneys are not so apt to be overlooked although their functions are no more important. The attitude or posture of the body is to be taken into account critically, and if any striking unnaturalness be present there should be an attempt to ascertain the cause. A youth who has not been subjected to the effects of physical labor, who is stoop-shouldered, is likely to have digestive or pulmonary weakness, and most probably the former. This condition (anteroposterior curvature of the spine) in young, or even middle-aged persons, is generally produced by a habit of sitting doubled over while reading and otherwise occupied. This is a real deformity and can readily be overcome by strengthening the muscles of the back by calisthenics and the avoidance of assuming this unnatural posture. A young lady or gentleman who has acquired the habit of allowing the spinal column to bow backward and the shoulders and pelvis thrown forwards, may be straightened up by shaming



them regarding their uncouth posture. Massage and friction with the hand over the back, shoulders, and chest, with dumb-bell exercises should be prescribed. If there is a torpid condition of the stomach and bowels, have them extend the massage and friction to these parts. Tell them to wake up and be a man. You might ask them how much they would give for a horse that would go around with its head down and its back bowed up in this sort of way. A great deal may be done by appealing to their pride to break up this lazy habit.

If a patient has chronic inflammatory conditions of the respiratory tract with a tendency to frequent colds to aggravate it, how will you cure it? By giving quinine, nux or mineral acids, etc.? No. You will advise a cold douche with friction over the chest each morning upon rising. The cold water may not be well borne, in which case use frictions with the hand. If the patient be delicate this will have to be done by a vigorous attendant. The clothing of the patient will be scrutinized. Perhaps the feet and lower extremities are imperfectly clad, and the upper part of the body too much bundled? It is possible after all this that the patient may have to have a change of surroundings—that a change of climate be advised.

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**Recognition of Eclectics in Public Institutions.**—If Eclectics are not recognized in public places of trust, it is their own fault. Organized systematic work is all that is needed that they have their full dues in this respect. This is exemplified by what the Eclectics of Nebraska have accomplished. We have a university in California, in the city of Oakland, which has a medical department—the Toland Medical College, situated in San Francisco. "Whatever is, is right." The Allopaths worked for this place and got it.



Eclectics lie back and complain of injustice being done them. They get all they deserve.

Our State Society will convene in December, and we would like to see every physician of our school present. There is business of the greatest importance, which concerns every one of us, to transact. There are none of you but that can profitably employ a trip to our metropolis. *Wake up.*

From the *Nebraska State Journal* we clip the following, which illustrates the results of the work done in the State of Nebraska:—

#### HOME FOR THE FRIENDLESS.

LINCOLN, August 25, 1883.

At a meeting of the board of directors of the Home for the Friendless Society, many matters of interest were presented. Among them, action was taken relative to the services of the faculty of the medical department of the university, and the following preamble and resolutions were adopted:—

WHEREAS, by the recent action of the regents of the State university of Nebraska, a medical department has been established, this department composed of three schools, to wit: Allopathy, homeopathy and eclectic, all upon equal terms, all alike under the same control; and

WHEREAS the physicians of each school have tendered their professional services gratuitously to all the inmates of the State Home of the Friendless, asking, as a return, equal privileges and opportunities for themselves as practitioners and for the students of their respective schools, to observe disease and medical treatment in said Home of the Friendless, and the hospital connected with it and under its care and control; and

WHEREAS we, in executive session, have considered the subject of said propositions, we, the board of directors of said Home and hospital, in our official capacity, do accept the propositions tendered by the physicians, and pledge ourselves that no official action on our part shall be to the exclusion of either of the schools, but that equal opportunities and privileges be given to all.



It is also resolved that all adult patients are granted the selection of their physician. As for infants and children not in care of guardians, and in full charge of the Home, it shall be in thus wise, each school of medicine shall be called in rotation, beginning with October 2, 1883, to October 10, 1883. All cases save those who select, shall call some member of the allopathic faculty, from that date for one week. All new patients shall call some member of the homeopathic faculty. The next week all new patients shall call some member of the eclectic faculty. At the expiration of that week, return to the first, so changing every third week.

MRS. W. S. LATTA, *Secretary*.

**Climate of the Pacific Coast.**—There are portions of the State of California that have characteristics very different from those mentioned in my previous communications. Before, we referred to the coast country which climate is so greatly modified by the ocean. We shall now refer to the interior, or those parts not essentially modified by the ocean. Our observation will extend over a great tract of country in the central and southern portion of the State, embracing the counties of Fresno, Tulare, Kern, Los Angeles, and San Bernardino. Los Angeles County, a part of it, is on the coast, but the inhabited portion is essentially of the interior. The whole of this country has been, in times past, a great stock range, and as such was much like the grazing lands of New Mexico or Arizona so far as civilization was concerned, but fruit culture and farming has taken its place now almost entirely. Farming is profitable where irrigation is possible, but when not, the seasons are so unreliable that it is a kind of "feast or famine" with the one who attempts it. There is one way by which farming in this section is made profitable, and that is by raising alfalfa and miscellaneous stock, such as sheep, cattle, and hogs. The alfalfa, by irrigation, will grow continually and perennially.



Two hundred acres of alfalfa, well stocked, will make money for a man, with the least exertion on his part, of any kind of farming in America. It is as much superior to anything in the Eastern States by way of profits for the money invested as you could well imagine. All the semi-tropical fruits grow here, some localities being better than others, owing to the absence of frosts in winter. There are no rains during the summer months, and the atmosphere is very dry. Grapes grown here are not profitable or suitable for wine as there is not enough fluid in them. However, the very property that unfits them for wine makes them excellent for raisins. This is the great raisin belt of California. The land suitable for this kind of grape culture is almost inexhaustible, the supply of water for irrigation while the vines are starting being the only obstacle.

Very healthy localities for homes can be selected in this country, and, if a few thousand dollars be expended, very profitable fruit or stock farms can be had. Our object in writing this is to give reliable information to eastern folks who may anticipate or wish to move here. Usually the motive is to get into a more salubrious climate, and to find a place for a home where their diseases may be mitigated or cured, and their lives made more pleasant. Away up north, along the lakes from Maine to Minnesota, where there is nine months winter and three months late in the fall, or nearly as bad, it is but natural that the inhabitants should desire a change for something better before they take on the final one of immortality. There are those in the Northeastern States, in the city or town, who, from a sedentary indoor life, feel that, without some favorable change, their life is becoming feeble and the end is approaching. They have heard of the mildness of the climate of southern California, and may think of moving thither. An obstacle comes in the way, and that is, with their means, can they make a living. Their affection or delicacy may be of that



sort that this is the climate for them, and we will tell them how they may invest a few thousand so that it will be profitable. Large farming has been the curse of California in this, that it prevented the country settling up, and the opening of small farms whose owners would live on them similar to the way they do in the East. Large farming in wheat is profitable here, but small farming is also profitable when properly carried on. There are places over this large extent of country mentioned where land is cheap, and where a thousand or two, with pluck, might be invested profitably. Five or ten thousand will start an alfalfa stock farm whereby money may be made quite rapidly and easily. A raisin farm may require more capital, but would depend on the pluck and the use to which the individual would wish to put himself. The out-door life required from this kind of life will bring vigor to the *house plant* of a man who comes from the wintry North and East. The turmoil of city and the vexation of business in its detail would be left off, and the nervous, fidgety, headachy one become comfortably lazy, and enjoy their remnant of life. The cities are getting too full of people. The professions are being crowded, and other legitimate channels of business are monopolized. Farming in the East is not usually profitable, and the labor to be performed is arduous, and the surroundings unpoetical. Not so in California. When properly managed, here, farming is an easy life, and the proceeds ample and satisfactory, and the capital required not greater than in the East.

And now it behooves us to say something regarding the diseases relieved in this hot, dry country, and also the diseases which prevail, etc., etc. On the coast, catarrh of the respiratory tract is a prevailing affection, but not so in the interior. Any one having naso-pharyngeal catarrh or bronchitis, which is characterized by exuberant discharge, will be speedily relieved in this interior country. Cases consid-



ered consumptive, where there is profuse expectoration, will also find relief. The avoidance of the long, cold winters of the North, with a change to this country, will have a very happy effect in relieving nervous, neuralgic, and rheumatic persons. The plentiful fresh fruit and vegetables the year round will assist materially. The diversity of climate is proverbial in California, and in this part it is no exception. There are three kinds of climate here—one for the valleys, one for the mountain-sides, or elevated lands, and one for the mountain altitudes. The valleys are cold in the nights of winter, so much so that fruits of a delicate nature may be frosted; the mountain-sides are free from frosts, and are on the whole much the healthiest locality. The sides of the mountains store up the heat from the sun's rays during the day, and emit it at night, thus keeping the atmosphere warm. The mountain altitudes have the extremes of heat by day and the cold of night, which it takes the resisting power of man to withstand. The lowlands have been made malarious by irrigation, and the reason is very obvious to any one. Flooding great tracts for a few weeks and suddenly letting it dry up has much the effect that a flood following a drought has in the East. When this country was used for grazing, before irrigation was practiced, malarial disease was unknown, but now it vies with Indiana or Ohio for this plague in some localities. Very dry seasons the malaria is worse, which is also the case in the Eastern States. In selecting a sanitary home, it is best to avoid these malarious localities and select the more elevated sites where malaria is unknown. Typhoid fever is not prevalent in this section, and to a very limited amount of pneumonia. The malarial fevers are adynamic in their character, as is also the pneumonia. Depressing remedies are not well borne, and the most conserving remedial agents are the best. Quinine is indicated in almost all kinds of disease in the malarial districts, as this poison seems to con-



taminate the blood whenever the system is depressed. From the prolonged heat of summer, or the malaria, or both combined, nervous depression or exhaustion is not uncommon. Men quite frequently suffer from partial impotency, or loss of sexual desire, but women are not afflicted in this way. However, they are subject to various derangements of their reproductive apparatus, which evidently proceeds from the same cause that produces the weakness in men. It is understood that these conditions apply to the sickly and malarial portions. There is a species of fever prevails at Bakersfield that is called the Bakersfield Fever, which is distinctly different from that which occurs in any other locality. It is characterized by a yellowness of the skin very like that of yellow fever, and severe congestions of the internal organs.

Tuberculous persons usually improve in even the sickly localities here, and they are usually exempt from the prevailing affections of the country.

Physicians get good fees in the sickly districts, but are liable to have to wait a long time for their pay, and in many cases lose it. However, the percentage of losses is not greater than in most farming countries in the States.

At some future time we will write up Los Angeles as a health resort. We are intending to take a hunting trip to the mountains in a week or two, and if we get a "grizzly," we will send each of you a small lock of his hair in the JOURNAL.

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**Magnetic Healers—Pure Animal Magnetism.**—After all that has been said adversely about the humbuggery of this class of charlatans, it is possible that we learn a lesson from them. Cures are reported by them, many of which are as veritable or authentic as those performed by drugs. We would not, for a moment, accredit these persons with any particular subtle magnetic power, other than the animality



they possess. They usually have a good circulation and large, warm hands, and if they can get their patients to have faith in their supernatural powers, they may accomplish much. The friction and massage excites the action of the skin and increases the activity of the peripheral circulation, thus relieving internal congestions. The mind of the patient is diverted from his infirmity, and a pleasant glow is felt on the surface. A hysterical or nervous woman may have her reflex pains and aches relieved and her nerves steadied if a strong, healthy man whom she does not dislike and in whom she has confidence, should practice massage on her. The influence of the contact of the strong body and the weak, and that of the strong mind over that of the weak are forces which are recognized but imperfectly understood. Some persons are possessed with what is called Mesmeric power,—the ability to control the will of another, and we suppose that we all exercise a silent influence upon each others' wills while in each others' presence. Ignorant and unscrupulous individuals make use of this element of our natures, and feed upon the weak and credulous. Part of the successes of this method of cure by *Animal Magnetism* is owing to the mystery which is made to surround it by those who practice it, and any attempt to legitimize it so that the sick one might know the real facts in the case would rob it of a part of its efficacy.

This teaches the legitimate physician that he should make use of his personal influence on his patient, and that he is to keep him in ignorance of the ingredients of his medicine. Humanity *yearns* for the mysterious and improbable, and this *want* must be supplied in some way. It is best to allow your patients to think that you understand their maladies as well as though they were transparent and you could see their organs working, and that by some scientific *hocus pocus* you expected to root the disease out. Homeopathy



owes much of its success (in its high potencies) to the mysteriousness of its action. If you can get a patient to believe in the dynamical action of a 50th or 200th decimal of some *snake bite* medicine, he is as well as cured.

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**A New Tune on an Old String.**—Possibly we might write about something more profitable to our readers than the regular medical code, but it presents so many ridiculous aspects that we cannot refrain from frequent notice of it. If the thing becomes monotonous, we ask our readers to notify us of the fact.

A good story bearing on the subject has been told, which, while possibly overdrawn, fairly illustrates one of its phases. An old toper whose sober moments were harrassed by a vixenish wife concluded to shuffle off, and loaded up with laudanum for that purpose. In a short time his wife discovered him in a state of narcotism, and, raising an alarm, sent off every one who came in for a physician. The first one who came was Smith, an old practitioner, who looked him over, pronounced him dead, and went away. Soon after another old practitioner, Brown, came in, who also gave in the verdict "dead," and departed. Shortly the third one, Jones, a young practitioner, arrived, and, proceeding to a vigorous use of the stomach pump forced exercise, finally succeeded in bringing the old gentleman to his senses, and left, feeling that there was but one first-class doctor in that vicinity.

In a few days he called around and presented his bill. "What's t his for?" inquired the would-be suicide.

"For saving your life the other night," replies Jones.

"Well, I didn't ask you to. I never employed you, and I'll not pay it. You'd no business coming in here and jamb-ing your old pump down my neck. Brown is my family physician, and I'll not pay anybody else," was answered.



Then Jones went away to Brown's office to try and get him to induce the man to pay the bill.

"Jones," said Brown, looking out over the top of his spectacles, "I never thought you a bad sort of a fellow, but you've done a very foolish thing, and it serves you right to lose your bill. Didn't I say he was dead?"

"Yes," says Jones.

"Didn't Smith say he was dead?"

"Yes," says Jones.

"Well, that settled it. The man was dead to all intents and purposes, and you had no right to say that he was not. When two old experienced doctors like Smith and me say a man is dead, it's unprofessional and discourteous for a young man, a beginner in practice, to dispute their word. We'll forgive you this time, because of your youth and inexperience, and will hush the matter up for you, but be very careful in the future and make no more such mistakes."

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**Professor Crowley's Marriage.**—Dr. D. D. Crowley and Miss Martha Pulsifer were married Monday evening, September 3d, at the Arlington House, by Rev. Dr. McLean.

This is as it should be. All good doctors should be married, but bad ones should be denied this desirable condition in life.

We congratulate the Doctor and Mrs. Crowley, and hope they "may live long and prosper."

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#### BOOK NOTICES.

**ELIXIRS: THEIR FORMULÆ AND METHODS OF PREPARATION.** Including practical processes for making the popular Elixirs of the present day, and those which have been officinal in the old Pharmacopœias, together with a *resume* of officinal Elixirs from the days of Paracelsus. By J. U. Lloyd, Professor of Chemistry in the Eclectic Medical Institute; Professor of Pharmacy in the Cincinnati College of Pharmacy; author of Chemistry of Medicines. Cin., Robert Clark & Co.

We, with many others, have objected to so much mixing of medicines by pharmacists, thereby making *machines* of



the doctors. But when we read this neat little volume of Dr. Lloyd's, we are almost persuaded to prescribe elixirs. We think the physician should positively refuse to prescribe anything, unless he knows its formulary and has some kind of an idea of its method of preparation. The author is not greatly favorable to this character of pharmaceuticals, but since they exist and physicians will prescribe them, it is best that they be properly prepared, and that the prescriber know something of their formulæ.

The book has 187 pages and cannot be expensive, so that it is within the reach of any one. From a careful perusal of the book, we can but commend it highly to any and all.

THE HAIR: ITS GROWTH, CARE, DISEASES, AND TREATMENT. By C. Henri Leonard, A. M., M. D. Cloth, 320 pages, \$2.00. Illustrated with over 100 engravings, showing the microscopical appearance in health and disease.

This is said to be the first work ever published on this subject, and the author has done himself great credit. It is a very interesting work for any one to read, and is a fund of practical information as well. In the treatment of affections of the scalp the use of vaseline is omitted, which we think strange. Coco is considered the best base for a hair-dressing, where the hair is abnormally dry.

There are some parts of these little books of Dr. Leonard's that might justly be criticised, but they are slight deficiencies, and the good so far outbalances the bad that we cheerfully commend them.

THE REFERENCE AND DOSE BOOK. By C. Henri Leonard, A. M., M. D.

The young medical man, and sometimes the old one, needs to refresh his memory at times, and a *multum in parvo* pocket-book is a handy assistance. This little book is not intended as a text-book for students—or, at least, it should not be—but for the busy practitioner who may forget the dose of a remedy, or the way to spell its name, or anything



else that would hinder him from writing it properly in a prescription. As much as we deprecate *dictionary education* in general, and the habit of trying to inform one's self upon the subject of medicine by a *vade mecum* or *multum in parvo*, we can conscientiously advise any to purchase this book.

THE BEST POCKET ANATOMIST. By C. Henri Leonard.

This is a book of eighty-two pages, and is likely to find its purchasers more among students than medical practitioners, as the latter usually commence forgetting their anatomy as soon as they graduate. As this book is founded upon Gray, it would be of great assistance to the student as a remembrancer, and would help him out amazingly at the quiz. This volume and the "Dose Book" are very ingeniously arranged, and are much superior to the common run of books of the kind.

THE PHYSICIAN HIMSELF. By Dr. D. W. Cathell. 208 pages, 8vo, price, \$1.25. Cushings & Bailey, publishers, 262 West Baltimore Street, Baltimore, Md.

The book recently written by Dr. D. W. Cathell, called "The Physician Himself," does not say a word about patients' diseases or their treatment, but does tell how to honorably get patients to treat, and also tells, in a plain, business-like manner, what a physician must add to book learning and college wisdom in general to make his success in life more certain, more rapid, and more complete, besides telling what course professional tact and business sagacity dictate in almost every possible dilemma. The young and the old, the dull and the wise, will each find in it a feast of practical wisdom, worth many times the price of the book.

NEW EXCHANGES. The *St. Joseph Medical Herald*, edited by J. L. Geiger, M. D., and F. C. Hoyt, M. D., St. Joseph, Mo.

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## SELECTIONS.

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### DIRECTIONS FOR USING HOT WATER ACCORDING TO THE SALISBURY PLANS.

1. *The water must be hot; not cold or lukewarm.*—This is to excite downward peristalsis of the alimentary canal. Cold water depresses, as it uses animal heat to bring it up to the temperature of the economy, and there is a loss of nerve force in this proceeding.

Lukewarm water excites upward peristalsis, or vomiting, as is well known. By hot water is meant a temperature of 110° to 150° F., such as is commonly liked in the use of tea and coffee. In cases of diarrhoea the hotter the better. In cases of hemorrhage the temperature should be at a blood heat. Ice-water is disallowed in all cases, sick or well.

2. *Quantity of hot water at a draught.*—Dr. Salisbury first began with one-half pint of hot water, but he found it was not enough to wash out nor to bear another test founded on the physiological fact that the urine of a healthy babe suckling a healthy mother (the best standard of health) stands at a specific gravity varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the specific gravity of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the specific gravity fall to 110, less hot water should be drunk. The quantity of hot water varies usually from one-half to one pint or one and a half pints at one time drinking.

The urine to be tested should be the “urina sanguinis,” or that voided just after rising from bed in the morning, before any meals or drinks are taken.

The quantity of urine voided in twenty-four hours should measure from forty-eight to sixty-four ounces. The amount will of course vary somewhat with the temperature of the atmosphere, exercise, sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's



standard, to wit, 1015 to 1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor. The urine should be devoid of the rank "urinus" smell so well known but indescribable.

The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Times of taking hot water.*—One hour to two hours before each meal, and half an hour before retiring to bed.

At first Dr. Salisbury tried the time of one-half hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor, and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, eight ounces of hot water can be taken any time between two hours after a meal, and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

4. *Mode of taking the hot water.*—In drinking the hot water it should be sipped, and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to twenty minutes may be consumed during the drinking of the hot water.

5. *The length of time to continue the use of hot water.*—Six months is generally required to wash out the liver and intestines thoroughly.

As it promotes health, the procedure can be practiced by well people throughout life, and the benefits of "cleanliness inside" be enjoyed. The drag and friction on human existence from the effects of fermentation, foulness, and indigestible food, when removed, gives life a wonderful elasticity and buoyancy, somewhat like that of the babe above alluded to.

6. *Additions to hot water.*—To make it palatable, in case it is desired, and to medicate the hot water, aromatic spirits of ammonia, clover tea blossoms, ginger, lemon juice, sage,



salt, and sulphate of magnesia are sometimes added. Where there is intense thirst and dryness, a pinch of chloride of calcium or nitrate of potash may be added, to allay thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhoea, cinnamon, ginger, and pepper may be boiled in the water, and the quantity drunk lessened. For constipation a teaspoonful of sulphate of magnesia, or one-half teaspoonful of taraxacum may be used in the hot water.

7. *Amount of liquid to be drunk at a meal.*—Not more than eight ounces. This is in order to not unduly dilute the gastric juice, or wash it out prematurely, and thus interfere with the digestive processes.

8. *The effects of drinking hot water* as indicated are the improved feelings of the patient. The fæces become black with bile washed down its normal channel. This blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated, and the smell approximates the odor of healthy infants suckling healthy breasts, and this shows that the ordinary nuisance of fetid fæces is due to a want of washing out and cleansing the alimentary canal from its fermenting contents. The urine is clear as champagne, free from deposit on cooling or odor, 1015 to 1020 specific gravity, like infants' urine. The sweat starts freely after drinking, giving a true bath from center of body to periphery. The skin becomes healthy in feel and looks. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membranes disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice-water in hot weather is not craved for, and those who have drunk ice-water freely are cured of the propensity. Inebriety has a strong foe in this use of hot water.

9. *Summary of general considerations on the therapeutic drinking of hot water.*

- (a) Foundation for all treatment of chronic diseases.
- (b) Excites downward peristalsis.
- (c) Relieves spasm or cholic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves.



(d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky, and tenacious.

(e) Inside bath.

(f) Dissolves the abnormal crystalline substances that may be in the blood and urine.

(g) Necessary to have the hot water out of the stomach before meals.

(h) Use is to wash down the bile, slime, yeast, and waste, and have the stomach fresh and clean for eating.

(i) Promotes elimination everywhere.

(j) If objection be made, it must be remembered that we are seventy-five per cent. water.

(k) The gas that sometimes eructates after drinking hot water is not produced by the hot water, but was present before, and the contractions of peristalsis eject it; or sometimes it is that the air is swallowed in sipping, as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be tested by submerging a gallon jug filled with air under water, and observing how long it will be in filling with water.

(l) Some physicians have advised against hot water, on the ground that it would "burn the coating off the stomach." If this be so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again, the same physicians drink tea and coffee at the same temperature, and this act belies their warning, and shows their inconsistency and want of consideration before speaking.

(m) These dicta about the therapeutic drinking of hot water were founded on the physiological experiments at the outset, verified in pathology, and based on the experience derived from the treatment of thousands since 1858. They are open, so that all who will may partake of this "water of life freely."

10. *Personal estimate of the founder of this practice.*—  
"If I were confined to one means of medication, I would



take hot water." "I have drunk it for twenty-five years."

*Corroboration of the writer.*—The writer testifies that his own personal experience and observation corroborates the truth of these statements of the Salisbury plans.—*Dr. E. Cutter, in Gaillard's Medical Journal, New York, May 30, 1883.*

### A CASE OF GALACTOCELE.

GALACTOCELE, especially of the solid variety, is sufficiently rare to make the following case of possible interest:—

Mrs. —, a lady of about thirty-five years, consulted the writer in January last, giving this history: Married ten years. Has had two miscarriages. In November, 1881, gave birth to a living child at term. The puerperium normal. In January, 1882, first noticed a painless swelling in the left breast, immediately outside the nipple. Under the direction of an irregular practitioner the tumor was poulticed. It then became slightly painful, and opened in a few days. About eight ounces of milky fluid was discharged. A second opening occurred a few weeks later, with a similar milky discharge. The flow of milk from the wound continued for three or four weeks, when all discharge ceased, the wound closing.

Nursing was not interrupted, the child continuing to nurse both breasts till December, 1882, when it was put upon artificial feeding. During December, noticed that "something like a thread" came from one of the duct-orifices of the nipple on applying the breast-pump. On examination just a year from the date of the milk abscess, I found some enlargement of the left breast, and at the upper and outer margin of the gland nodular masses of the hardness of scirrhus. On the left of the mamilla was a boggy spot and a similar one at the right and below. Fluctuation from one to the other obtained on palpation. Nipple not retracted, but the surface of the breast elevated around the nipple, giving appearance of retraction. Gland freely movable over the pectoral muscle. Tumor not adherent to the skin. Slight tumefaction of the axillary glands, but no induration. On aspirating the soft portion of the tumor with a hypodermic needle, obtained a yellowish-white substance of pasty consistence.



This material was found on microscopic examination to consist chiefly of fat (butyroid matter). It also contained an abundance of epithelial debris, and here and there granular masses (probably caseous) and minute crystalloid particles (fatty acids, etc). The tumor was freely incised at the most depending of the two fluctuating portions. About five ounces of butyroid material was evacuated. The indurated portion of the gland still retained its hard nodular feel. On exploring the cavity with the finger, the wall on the tegumentary side was found smooth and supple, while on the glandular side it was as hard as cartilage and presented numerous secondary cavities of various dimensions. The walls of the secondary cysts were for the most part rough and incrustated with a material of almost calcareous hardness.

Two or three drachms of hardened cheesy matter were removed by the use of the curette. Little or no pain was occasioned by this procedure. The complete evacuation of the cyst by this means, however, was found impossible. Gritty particles could still be felt imbedded in the cyst walls after prolonged curetting. These were left to be thrown off by suppuration. The cavity was washed out with carbolyzed water and packed with marine lint; was redressed daily in like manner for nearly a week. Suppuration then being active, a drainage tube was substituted for the packing. Cheesy particles appeared in the discharges for two or three weeks. The cyst cavity gradually became smaller, was reduced to a fistula with two or three ramifications by the end of a month, and wholly closed in about five months after the evacuation of its contents. Stimulating injections of strong tincture of iodine and of a two-drachm solution of nitrate of silver were several times employed during that period. After the removal of the drainage tube, the mouth of the fistula was kept open by the use of a tent. The fibrous hardness at the seat of the cyst remained unchanged at the last examination.

Lactiferous cysts are believed to arise in almost all cases from ectasia of the ducts, dilatation of their sinuses and of the glandular acini. We have the authority of Velpeau and others for the statement that in a certain proportion of cases they owe their origin to rupture of the duct and extravasation of milk into the cellular tissue. Activity of



secretion and obstruction of a duct are obviously essential conditions for the development of a milk cyst. Hence, the tumor is first noticed during lactation, and often there is a history of antecedent mastitis, of injury from blows, or of other conditions capable of causing total or partial obliteration of a milk duct.

A case illustrating the first stage of galactoceles recently occurred in the practice of the writer. A lady, about two weeks after the birth of her second child, complained of pain in one breast. She had experienced some uneasiness in this breast a few days after confinement, and the distress had daily increased. On examination, one of the lactiferous ducts and the corresponding lobe of the gland were found distended and very hard to the touch. On the summit of the nipple appeared a minute milk-white bleb. The nature of the case was apparent. The orifice of a milk duct had become overgrown by a thin pellicle, which was distended by the accumulated secretion. On rupturing the bleb with the point of a needle, a creamy fluid could be pressed from the nipple at the duct orifice, now reopened. The child was allowed to nurse as before. The pain promptly ceased, and the tumor subsided in a few days.

The contents of a galactocoele is most frequently milk but little altered. In a certain proportion of cases, inspissation takes place by the gradual resorption of the watery constituents, and a cheesy residuum remains. Dried cheesy nodules sometimes form in this mass so hard as to resemble calcareous concretions. The occurrence of these bodies in galactocoele has given rise to the term "milk-stones."

Other fluids than milk may be found in lacteal cysts, notably mucus, serum, and blood. Epithelial debris and the various products of milk decomposition may form a part of the cyst contents. The mammary tissue which forms the wall of the cyst is generally more or less thickened and indurated by fibrous deposits.

More active interference in the above case would, no doubt, have led to a more rapid recovery. The use of actual cautery was contemplated, but deferred. Yet while more heroic measures might have accomplished a speedier cure, the plan of treatment pursued doubtless better served the comfort and convenience of the patient.—*Chas. Jewett, M. D.*



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RAISING THE STANDARD.

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IN view of the interest now manifested in and out of the profession in regard to the education of medical men, it may not be amiss to inquire what branches of learning are most needed by the physician, and in what way can they be acquired?

That the grade of professional learning among average medical men is low will not be disputed; and it is equally true that physicians do not possess the education outside of medicine that they need and should have.

Granting that education means a training of the mind in all its avenues, it will be conceded that the broader and deeper the foundation of learning the better the success that will attend the practitioner. No man can succeed in medicine who has not made mental preparation for the life-long work. Can this be secured by the medical colleges requiring an entrance examination? That would be largely a form. Then shall we heap more work upon the student, who has already too much? Such a course will not raise the standard, therefore the student must do it *himself*. Let the student begin his career *outside* of the medical college, and lay the foundation for his professional training before he sees a medical book.

A student, lamenting to his preceptor a lack of general education, got the following reply: "The field of medicine is so broad that its ramifications reach out and dip into almost every other branch of learning; so, if you study medicine *thoroughly*, you will be a chemist, a botanist, in fact a naturalist, for the study of man is a part of general zoology. In other words, a medical man cannot well help being more or less familiar with the collateral sciences, if he have pursued the study of medicine in its broadest sense."

The average medical student steps from the district school, where he has been pushed through the primary branches of an education, into the physician's study, where the mind is too much engrossed to give attention to first principles. Far better if he would now decide on a five years' course—the first two outside of the doctor's office or the medical college. But he has "no knowledge of Greek," and he doesn't need to read Xenophon nor Homer. Let him buy a Greek grammar, master the alphabet, and get an idea of the inflections



of nouns, the endings of verbs, etc., learn the meaning of the Greek prefixes and suffixes, and a few of the common radicals, and he has enough. If he understands that all the "ologies" come from *logos*, that *ultra* means beyond, *dis* difficult, *pathos* suffering or disease, he has made plain the meaning of hundreds of medical terms. And so also of the many roots, prefixes, and suffixes derived from the Latin. He has neither time nor inclination to make an exhaustive study of classical language, but he can soon learn the case endings of the nouns, get an idea of the conjugation of the verbs, etc., so that when he meets with a Latin term he either recognizes it or knows how and where to look for its meaning. "The only knowledge we *have* is that which we can *use*," says Froude; and we may add, that is what we most *need*.

With the modern languages, however, it is different; they should be thoroughly mastered. "But," says the student, "I cannot do that; I have no *instructor*." Well, you can get along without one. "Anything can be learned alone," said Professor Cassety, of Albany, and he spoke the truth. To get strength from your dinner you must eat it yourself. It is impossible for any one to learn anything *for* you. There are many valuable medical and scientific works written in the German, French, and Italian languages. Some of them are untranslated, therefore go to work and make them available. Studying a foreign tongue is the best possible way of learning one's own, for we cannot learn any language without *comparing* it with our native English. We soon begin to compare, reason, think—good food for any brain. With each day's mental work our eyes grow larger, our brain deeper. We are preparing to study medicine by "getting above mediocrity."

A good reading knowledge of French and Italian can be acquired in six months. German is more difficult, and requires at least two years; but the intellectual discipline which it affords is severe enough for all practical requirements.

The Greek language is said to be the most elaborate in the world; and much has been said of its value in the education of the mind. Gladstone, a finished Greek scholar, has often been cited as a notable example on account of his masterly command of language, and the clearness and perspicuity of



his thought; but Carlyle, who was a devoted student of the German language and literature, affords us an example of the equally good discipline that tongue can give.

The question whether the study of language or of mathematics affords the better drill for the mind, has been often discussed. The former is of great practical use, and a finished linguist necessarily possesses talents of a high order. "Wer fremde sprachen nicht kennt," says Goethe, "weiss nichts von seiner eignen." "He who understands no foreign tongue knows nothing of his own." In order to understand the nature of any subject we must *compare it with something else*.

The modern sciences should also form a part of the student's preparatory course; and a good beginning can be made by a study of the text-books on geology, zoology, anatomy, etc., but a large part will be learned by a perusal of the live journals of the day. Read, for instance, Sir John Lubbock's admirable address—"A Half Century of Science"—delivered before the British Association for the advancement of science. No such amount of information could be gleaned by the industrious student from a hundred text-books, nor would it be so easily remembered.

A taste once acquired for reading such journals as the *Popular Science Monthly*, etc., will be indulged in long after college and student days are done. As the best practice of medicine is found in our first-class medical journals, so the meat of modern science is to be found in the weekly, monthly, and quarterly periodicals of the day.

Let the student, then, who is ambitious to search and work in the medical field, first prepare himself by a study of the best text-books in language and science, and also by cultivating habits of thought and observation, without which a true education in any profession is impossible. It is hard work, this self-education, but it is the making of great minds. "Wisdom," says Emerson, "is not found with those who dwell at their ease, rather, Nature where she adds *brain* adds *difficulty*."

What we have said regarding the young man educating himself, applies equally well to the graduate in medicine. As a class, I fear, we are not above mediocrity.

Let us first strive for a more thorough literary and professional culture before we endeavor to establish medical



"chairs" at Ann Arbor or other universities. The first requirement is men capable of filling them with credit and honor. In conclusion I would state my conviction that no legal enactments will ever "raise the standard." Nothing can do it but individual study and work.

"Let us then be up and doing,  
With a heart for any fate.  
Still achieving, still pursuing,  
Learn to labor and to wait."

—J. A. Waterhouse, in *Eclectic Medical Journal*.

### RANULA.

IN not rare instances a patient steps into my office and says: "Doctor, what is that under my tongue?" immediately turning up the tip of the organ, so that the frænum can be viewed, as well as the outlets of Wharton's ducts. I see an enlarged papule, or group of cysts, or perhaps a fungous projection that has followed an inflammatory action, and which is likely to gather about the aperture of any mucous fistule. My reply usually is: You have what is professionally called a ranula—a frog-tongue. The salivary apparatus is disturbed. Possibly a calculus exists in a pouch of one of Wharton's ducts. Probably you have a cystic disease of one or the other of the salivary conduits.

The rejoinder is apt to be, "Will it do any harm?—is it cancerous?—will you have to cut it out?—will it ever come again?—what produces such things?—did you ever see such a thing before?"—and so on, to the proximate of the unreasonable and the wearisome.

The response is that the disease is of the spittle-glands—that it will not often get well of itself—that a little operation is necessary—that it is a trifling and almost bloodless affair—that I have operated upon and cured numbers of them—that it will not hurt half as much as the pulling of a tooth—that it will take but a minute, and that will be the end of it. But this is not the end of the parley. Many queries are to be answered. "Doctor, let me see your instruments; I wish I was not such a coward; you doctors have no feelings; I believe I will put it off till some other time; I am afraid I shall bleed to death—I easily bleed; good



gracious! I can never stand it; what bloody butchers you doctors are!"—and as yet nothing has been done except talk.

At length the sticking point is reached; the patient's head is put in a rest—the inclosure of two hands is the best—and the morbid mass is felt with the finger to ascertain as complete a diagnosis as possible. Perhaps a semitransparent cyst the size of a grape is present; if so, it will do no permanent good to evacuate the tumor, whose contents are a glairy and ropy substance of the consistence of albumen. The sac, or cyst walls, must be removed—excised; and a wide-bladed pair of forceps, and long, curved scissors are the instruments. The several teeth of each forcep blade take a good hold, and the scissors cut behind their grip. The pain is not hard to bear, and the hemorrhage is not profuse or troublesome. The scissor blades *compress* the vessels before they divide them. Generally the bleeding is insignificant. No styptic is needed, and no after-treatment.

After compliments have been paid the patient for unusual "pluck" and endurance, the smiling reply is, "It did not hurt much, doctor; what a fool I was to be so timid! I am glad it is out; let me borrow your hand mirror; it bleeds a little; shall I be careful not to take cold in it? Did these things ever kill anybody? What is your bill? Recollect I am not a bank."

Fifteen dollars, or under favorable circumstances twenty-five, is the fee named; and if the party is not a fraud, the money will be paid. If the patient is one of somewhat restricted means, ten dollars may be accepted without a sacrifice of professional dignity.—A. J. Howe, M. D., in *Medical Journal*.

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### CHOLERA.

IN the italicized words of an almanac issued a half century ago, are the following words: "*About—this—time—look—out—for—a—storm,*" the long drawn out precaution extending through March or November. And the famed forecaste of the weather rarely failed to meet the credulous expectations of multitudinous readers. All were seemingly impressed with the meteorological prognostics of



the astute editor. Now, again, is the season for a display of whelming wisdom. The crammers of secular prints give us a choleraic hash every morning; and the managers of medical serials are blessed with a topic upon which they can write indefinitely. All they have to do is to ransack the literature of cholera, and copy the seemingly wise from what is to be found there. The natural history of the disease, and its geographical centers will be given, together with statistics. The entire lot will seem to be elaborated with care, when in fact almost any cyclopædia contains as much in less space. But, it is not becoming to be captious.

In the 18th-of-July issue of *Puck*, the American *Punch*, on the after-cover is a graphic picture of Mors with scythe at right shoulder shift, sitting on the bowsprit of a ship sailing into the harbor of New York. Going to meet the death-laden vessel is a yawl named the "Board of Health," which contains four officials with clubs of authority in their hands. The prow of the boat has a bottle mounted *a la cannon*, and labelled "*Carbolic Acid*." The "Battery" is also mounted with a long row of bottles—open mouths to seaward, branded with the words *Thymol*, *Chloride of lime*, and other well advertised disinfectants. The picture is altogether too grave to be ridiculed, yet too humorous to be wept over. Cholera is stamped on the abdomen of Mors, and the outline of his visage is skeletal and gaunt. The grouping is artistic and suggestive. The dread plague is on its periodic tour, and Boards of Health are endeavoring to exclude, restrain, and exterminate it with germicides. Will they succeed? It is to be hoped they will; but if they do they are wiser and more fortunate than their predecessors. The *essence* of cholera is a *something*, and as such ought to be successfully warred against. If, as our respected editor said last month, cholera be a *dirt disease*, we have little to do but be clean—be clear of dirt. Yet it is no easy thing to be free from filth. For a moment lay aside fastidiousness, and contemplate the fact that *living* necessitates excretion and decomposition. Only the angels who subsist on ambrosial food can be pure. That omnivorous mouth of ours is foul, and the natural sweetening processes of the stomach cannot keep from fermentation the heterogenous messes dumped there. The cautious, when cholera is on, will abstain from cucumbers and the more perishable of vege-



tables, yet the timid, depressed with anxiety, may be unable to digest rice and milk. And when the simplest aliment is once "turned" it becomes strikingly toxic—fuel to kindle a choleraic flame. The surest safe-guard against an attack of cholera is a superabundance of digestive power! Drink no iced beers, which, though sweet when they enter the stomach, are soon, through the heat of the body, converted into fermenting messes. Beer drinkers are among the first to fall victims to a scourge. To eat and sleep and otherwise act in a temperate and rational manner is to steel one's self against the onsets of disease. Because cholera flourishes in hot countries where fruits contribute largely to man's diet, the belief has arisen that the malady cannot flourish in cold weather, and that vegetables aid in its propagation, as well as intensifying its virulence. Probably heat has little to do with the spread of the disease, and that the carnivorous are as little susceptible to invasion as vegetarians. The exempt are the absolutely well, whether they be critically particular about cleanliness or not. "The great unwashed" are not the only parties who permit a personal invasion of cholera. The most scrupulous in regard to baths and fresh linens are often victims of the fell destroyer. However, enough has been observed to prove that poverty and squalor constitute, directly and otherwise, favorable conditions for the inception and spread of cholera. The disease is emphatically *epidemic*, extending from community to community without the necessity of absolute contact. It will be seen, then, that cordons of carbolic acid will do little good in staying the spread of the disorder. It strides as high as the tallest steeples, and the subtle influence attaches itself to paper money, if not to letters going through the mails. To think of absolutely preventing the extension of such a calamity is to indulge a phantasy. However, the cleaning-up rage that precedes an invasion of cholera does an infinite deal of good—it lessens the liability for other diseases to get a footing. Sweep the cobwebs from garrets and cellars; clear closets of old boots; make pantries sweet and wholesome; stifle the foul gases lurking in privies and fungous out-houses; extinguish stagnant fens and cisterns; and banish all stink-pots from the premises. I have known the whey of a reputable dairy to rival a glue factory in the diffusion of pestilential odors. Country people whose wells



contain hard water are in the habit of utilizing eave-drippings for laundry purposes; and in dry weather the tubs—receptacles—become so contaminated with decomposing wrigglers and decaying fungi that they reek with the stench of putridity. It is a prevailing mistake to presume that the average farm-house is an exemplar of neatness and general cleanliness. Too often it cannot be approached without holding the nose. The most fallacious idea in regard to the treatment of cholera is that because the patient is cold the disease needs to be plied with hot stuff. This is both a domestic and a Thomsonian notion, and also a prevailing popular fallacy. I well remember, seventeen years ago, about a fizzio medical doctor who came into my office just as I had a call to visit a patient in the cramps of cholera. The woman roomed in the fourth story of a mercantile building on Third Street. The doctor had a favorite cholera cure in a vial, and requested an opportunity to test its virtues. I readily acceded to his wish, and took him to the sick room, where lay an elderly woman almost in the collapse of cholera. I introduced the gentleman as a man who possessed a ready cure for the disease, and offered him every facility to test the mixture, handing him a tumbler, spoon, water, etc. In a few minutes his preparation was offered to the patient, who threw it up almost before it was down. I then tasted the mess, and found it biting hot, almost blistering my tongue, and suggested a reduction of strength by a liberal addition of water. The doctor thus tried his vaunted agent, yet it was immediately vomited, and so it was for a half hour's trial. At length the discomfited man turned on his heel, saying, "That would be an excellent medicine if the patient could keep it down." And so it was and will be with many other theoretical cholera cures. A doctor who knows nothing about the disease, confidently concocts a remedy for its cure! It must be borne in mind by the inexperienced that in a cholera case the stomach is exceedingly irritable, and that stimulants do little, if any good; that calomel is not so hurtful in this disease as Thomsonians generally suppose, although in this remark I must not be considered as recommending the great allopathic bile persuader. Worse things than calomel are often given by physiopaths.

In an attack of cholera, digestion has stopped, and the



serum of the blood rapidly finds its way into the stomach and intestinal canal. Nausea comes on and dejections set in. At first faecal matter is evacuated, then modified serum which appears like "rice water." Soon the blood is thick as tar through loss of serum, and will not circulate in the capillaries and small vessels. After death the arteries cannot be injected with a preservative fluid, because they are partly filled with red globules in a mass of the consistence of paint, a muddy mass. Now, to arrest the flow of serum into the intestinal canal is a part of the physician's duty in the treatment of a case of cholera taken at the start. Neither opiates nor astringents will do it; and it is questionable if any agent will. Prof. Scudder recommends bismuth and nux; and in so doing he does no harm. His iced solution of chloride of sodium—common salt—is better. I know this from experience. Why salt will sometimes arrest the flow of serum from the blood into the intestinal track is more than I understand; I only know that an over-salted dish is followed by thirst. Water leaves the mucous cavities and enters the blood vessels, establishing a call for fluids. Perhaps by a homœopathic law, or some other little understood chemico vital activity, the effect of chloride of sodium is to convert osmosis into endosmosis! I do not pretend to take stock in this transcendental speculation, but offer it to help the reader to remember what I have said about solutions of salt as occasional cures in certain stages of cholera. The hypodermic—intra-venous—injections of saline solutions will certainly do an appreciable amount of good in collapsed cases. A drachm of common salt to a half pint of water will make the solution strong enough. A fluid drachm of the mixture may at one time be thrown into each arm and leg, and another under the integument of the abdomen; and the operation may be repeated in three hours.

I think I can speak with confidence of the action of chloroform in the arrest of cramps in the legs—a complication horrible to endure. Generally the patient is clothed in drawers; and the anæsthetic may be poured on the enveloping garments—quite saturating them—then the bed coverings help retain the lethal vapors. No Thomsonian anti-spasmodic equals in effect that of chloroform. Of course, sulphuric ether would do about as well. Quietude is a factor in the treatment of cholera. The patient, after the



first dejections, which are fæcal, should have evacuations upon absorbent materials, and not be allowed to go to stool. What is voided is not offensive—it is chiefly the serum of the blood, and gives off the odor of that fluid. To open the bed is to lose animal heat, which is failing and must be economized. Jugs of hot water are to be placed in the bed of the patient, though astonishingly little is accomplished. A dying person can be cooked but not warmed. The breath of a choleraic patient feels cool or cold to a hand held before the mouth. A body thermometer indicates a lowering of temperature.

The thirst of a cholera sufferer may be momentarily slaked with cold table tea, or with any bitter water. A few drops of nux in a tumbler of water render it agreeably bitter. Nausea is to be allayed with camphor water, and that which has been mildly acidulated. The inexperienced practitioner is apt to argue with himself that if a little of a certain medicine will do good, more of the same will do better, but in this he errs. Just the appreciable taste of camphor or of acid impresses the most favorably.

When opiates and stimulants cure, there is no true cholera, but common diarrhœa—a condition that is often mistaken for the typical form. Diarrhœal states prevail in cholera times, hence cures of the disease are reported both purposely and by mistake. Certain persons will boast of having had cholera after an epidemic is over; and then is when quacks have “uniform success” with the use of a villainous conglomeration of peppery stuff.—*Eclectic Medical Journal*.

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#### ARBOR VITÆ.

SPERMATORRHŒA is claimed to be finely under the control of this remedy (thuya occiden.) by Dr. Noble (*Therapeu. Gaz.*), who says he has used it in thirty cases, with but one failure. He uses the homœopathic mother tinct. in doses of 2 to 5 drops three times a day, in conjunction with proper diet, moral control of patient, and other needful accessories. He claims very flattering results to have been derived from this remedy, more than from any other used in the treatment of this affection.—*Georgia Eclectic Medical Journal*.



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### ELECTRICITY IN MEDICINE — DIRECTIONS FOR USE.

IN hemiplegia, of an exalted electro-muscular contractility, use a mild Faradic current of rapid interruption. When there is great diminution of the electro-muscular contractility, use the galvanic current. When we wish to affect the nervous centres directly, use the galvanic current. The galvanic current is indicated when firm pressure over the affected nerves aggravates the pain. When pressure does not aggravate or even lulls the pain, the Faradic current is indicated. The Faradic current is also indicated in general debility, asthenia accompanied by hyperæsthesis of the retina and ciliary nerves, and also diphtheric paralysis.

The galvanic current is indicated in spinal irritation and neuralgia spinalis, also the sequel of cerebro-spinal meningitis and ex-ophthalmic goître. It is also indicated to restore the loss of taste, smell, and hearing. In migraine or nervous headache galvanism is also called for. The positive pole causes contraction of the vessels, also relieves some skin diseases and cures many.—*Abstracted from New York Medical Journal.*

*Enlarged Glands Electrically Treated.*—Wash the parts clean, then wet with a solution of salt; apply the *negative* pole of a battery having two cells connected over the most prominent part, and the positive about three inches apart; keep moving the positive reotrope in a circle round the negative quite slowly, till the electrical stimulus has been sufficiently applied. Usually five or six minutes is long enough. On the first occasion two cells are enough, as it accustoms the tissues to the action. On the succeeding application the effects of additional cells may be tried, but should there be the slightest appearance of inflammatory action, as evidenced by a bluish-white tint under the negative reotrope, a couple of cells must be at once disconnected, or the application discontinued on that occasion. I never use more than eighteen cells continued for three minutes, and have found from eight to twelve cells give the most satisfactory and rapid results. The length of each application varies for different individuals. In some patients three or four minutes twice daily seemed



sufficient, and in others a longer application only once answered better. Even different glands or masses of glands in the same individual progressed more rapidly under varying conditions of length, strength, and frequency of application. Fair-skinned persons bear a more heroic line of treatment better than dark ones, and react more quickly to the electrical stimulus.—*Med. and Surg. Reporter*.

The several effects of the two poles on the small arteries are worthy of remark here. The anode or positive pole causes a dilation of the arterioles, and the descending current (the negative or cathode) will cause contraction of these vessels.

It has been observed that when the anode is applied to a congested part, and the cathode is placed some distance off and away from it, that the congestion disappears, and *vice versa*.

The galvanic current, called also the continuous, we believe to be far more efficient in curative effects when the cells are small and the elements are zinc and platinum.

Four to eight small cells, of the capacity of four fluid ounces, have been in our experience more valuable, less irritating, more soothing, and more sanitatively electrolytic than large cells of the same or fewer numbers.

Many times we have healed up virulent sores that had resisted every treatment for years, by applying a simply constructed galvanic battery to the sore in the following manner: A piece of silver, or a coin, say of the size of the sore, is used for one electrode, and a piece of sheet zinc of double the diameter of the silver one, is used for the other electrode. These two "elements" are connected by having a copper wire of suitable length soldered to them, one end of the wire to the centre of the zinc disc, and the other end is soldered to the silver disc in the same way. The silver electrode is inserted on the bare surface of the sore, the zinc electrode is placed a distance of four or six inches away from the sore; between the zinc electrode and the skin a piece of cloth of corresponding size is laid. This is wet with salt water or dilute muriatic acid, 1 to 30 of water. These electrodes are bound on to the limb with a woolen bandage, and worn during the night, to be removed during the day. They may be worn during the day if the patient keeps very quiet. They must be removed every twelve hours, the



parts washed off with warm water and the electrodes cleaned by washing in hot water. Under the zinc electrode a decided irritation is set up, hence it must be moved to a new spot every time the apparatus is applied; if not a sore will be sure to come under the zinc. This little instrument heals bed sores, old sores, and has proven decidedly efficient in lupoid ulcers on several occasions. Six of them placed near each other have cured desperate cases of sciatica and other neuralgias. They will cause the degeneration and disappearance of enlarged cervical glands, etc.—*Georgia Eclectic Medical Journal*.

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### AMMONIA BROMIDE.

A WRITER in the *Pacific Medical Journal*, who claims to have had extended experience in the use of this remedy, formulates the following clinical indications that call for it, and when these are present the remedy seldom, if ever, fails to act satisfactorily: "These are cases where there is irritation of the base of the brain, causing the patient to start suddenly and cry out as though stricken with sharp pain. In fact, we may sum up the symptoms as follows: *Sharp pain in the occipital region. With a flushed face and always a contracted pupil.* The eyes need not be said to be shining as in the indication seen for gelseminum, but there is extreme contraction of the pupil with every muscle taut. There is no frontal pain, but the pain is always occipital. No dullness, no sleepiness, but the patient is always wakeful and suffers sharp shooting pains in the *occipital* and sometimes in the temporal region.

"Ammonium bromidum given under such circumstances will act kindly. When those *symptoms italicized* are not present, do not give it, for it will do no good.

"If you have those special symptoms in spermatorrhoea, bromide of ammonia is a positive remedy, and will give comfort to the patient. If infantile convulsions with those symptoms present it will act as a specific."

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